

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| TYPE CLASSIFER | | 1F | 11-28-00 |
| FORMALITY REVIEW | | 71423 | 1-20-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Original | Date |
|-------|----------|--------|
| 1 | ✓ | 6/2/00 |
| 2 | ✓ | 6/2/00 |
| 3 | ✓ | 6/2/00 |
| 4 | ✓ | 6/2/00 |
| 5 | ✓ | 6/2/00 |
| 6 | ✓ | 6/2/00 |
| 7 | ✓ | 6/2/00 |
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| Claim | Original | Date |
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| Claim | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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